

● Appendix B ●

INELIGIBLE VOLUNTEER RECORD SHEET REGISTRATION SERVICE BOY SCOUTS OF AMERICA

Council No. 87 Date 2/2/90
Full name Alfred A. Rivera
(no initials if you can possibly get full name)
Social Security Number [REDACTED]
Address [REDACTED]
City Jacksonville State Florida ZIP Code [REDACTED]
Date of Birth 5/25/58 (This is important and should be exact)
Approximate age 31 (To be used ONLY when date of birth is not known)
Religion _____ Nationality _____
Occupation U.S. Navy Education 12 years
Weight 200 lbs. Height 5'10" Race Hispanic Mex/Am
Color of hair Black Color of eyes Hazel, wears glasses
Outstanding characteristics or interests Optimist International
Married or single Married Children 2
(Number, ages, and names, if possible)
Spouse's name [REDACTED]
Scouting connections: Chartered organization: American Legion Post #127
Unit No. Tig 430 City Jacksonville State Florida
Position Parent Date registered 9/8/88 Date resigned 2/2/90
Special recognition None

NOTED

Suspended or denied registration for following reasons: Arrest and No Contest to "Exposure of Sexual Organs" and "Offering for Lewdness"

MAR 05 1990

JOSEPH L. LANGRISH THE FACTS THAT LEAD YOU TO RECOMMEND DENIAL OF REGISTRATION, INCLUDING HOW THE INFORMATION CAME TO THE COUNCIL'S ATTENTION, AND LIST ATTACHED SUPPORTING DOCUMENTS (STATE ONLY KNOWN FACTS, NOT RUMOR, CONJECTURE, OR SPECULATION):

Signed

Frank Davis

SCOUT EXECUTIVE

CONFIDENTIAL

FEB 27 1990

F. STARON

Council North Florida Council

CONF018809

March 7, 1990

Mr. Frank N. Rains
Scout Executive
North Florida Council, No. 87

PERSONAL AND CONFIDENTIAL

SUBJECT: ALFRED A. RIVERA

Dear Frank:

Thank you for the detailed information sent concerning the above Scouter. This case has been reviewed with our attorney and is now on our permanent Ineligible Volunteer File.

Sincerely,

Paul Ernst, Director
Registration Service

ag

cc: Southeast Region

READY TO FILE
MAR 07 1990
ERIN O'RILEY

CONF018810



NORTH FLORIDA COUNCIL
BOY SCOUTS OF AMERICA



Mr. Alfred A. Rivera

February 2, 1990

Jacksonville, Florida

Dear Mr. Rivera:

After careful review, we have decided that your registration with the Boy Scouts of America should be denied. We are therefore compelled to request that you sever any relations that you may have with the Boy Scouts of America.

You should understand that B.S.A. membership registration is a privilege and is not automatically granted to everyone who applies. We reserve the right to refuse registration whenever there is a concern that an individual may not meet the high standards of membership which the B.S.A. seeks to provide for American youth.

If you wish to have this decision reviewed by a B.S.A. regional review committee, please write to the regional director within 60 days of the date of this letter, explaining your version of the facts supporting your claim that your registration as a B.S.A. member should be reinstated. The procedures for a review of this decision are attached.

Sincerely yours,

Frank Rains
Scout Executive



BOY SCOUTS OF AMERICA

Steven K. Moore
Director of Support Service
North Florida Council



Agency of Alachua, Columbia, Marion, Northwest Florida and St. Johns Counties, North of Hwy

Serving the North Florida Counties of Alachua, Baker, Bay, Calhoun, Clay, Columbia, Duval, Alameda, Hamilton, Leon, Marion, Nassau, Putnam, St. Johns, Suwannee and Volusia

*Show no
reg at National
Added to file
2/21/90*

CONF018811

Attachment to Letter

The following information is provided should you desire a review by the Southeast Region, B.S.A., of the decision to deny your registration.

1. Within 60 days, you must request in writing a review of this decision. Your request should be sent to the Regional Director, Southeast Region, B.S.A., PO Box 440728, Kennesaw, Georgia 30144. In your request you may include your version of what occurred in support of your claim that your registration should not have been denied.
2. Upon the receipt of your written request, a committee will be appointed to review the situation.
3. You may attend the review hearing, but it is not adversarial in nature and neither the committee nor you will be represented by legal counsel. If you wish, you may be accompanied by no more than two other individuals if their testimony might assist the committee in discovering the truth and arriving at a correct decision.
4. The committee will review the facts as presented, and may interview any persons whose testimony might assist them in arriving at a correct decision.
5. You will receive a letter setting forth the decision of the committee.
6. If you disagree with the decision of the committee, you may request a review of this decision by the National Council of the Boy Scouts of America.

February 8, 1990 - 2:00 p.m.

Robert Warner and I visited with Alfred A. Rivera in the legal office at the Navy installation "Cecil Field" in Jacksonville.

I shared the objectives of the Youth Protection Program with him and he acknowledged that he was slightly familiar with it.

I covered the concerns of his continued leadership in Scouting and referenced his involvement with the Jacksonville Sheriff's Office on December 6 and 7. He acknowledged the experience and said that he expected to hear from us.

I read the letter - referenced the appeal process and gave both to him.

He ask about the involvement of his children in Scouting. I stated that this had nothing to do with his childrens participation but that he could not participate in a leadership role.

Febraury 2, 1990 11:00 a.m.

Subject: Rivera, Alfred A.

Duval County Court Records;

The Duval County Court House has records on Alfred A. Rivera as follows;

Division H-SA #89-213417-A

Offense # 89-041046-9

Jacksonville Sehriff's Office ID 0444328

On December 6, 1989 ?Alfred Rivera was charged with "Offering for Lewdness and Exposure of Sexual Organs by masturbation". Judge was Alfred Washington and the Prosecutor wsa Assistant Brust Steven.

Rivera plead no contest to both charges. He was fined \$50.00 for each caharge was given 60 days probation and requied to submit to an Aids test at \$100.00 plus court costs.

See atached arrest andbbooking report.

[illegible]

NARRATIVE (must include all the elements of the charged offense)

On 12-05-89 at about 21⁴⁵ hrs. this writer observed the listed suspect in his vehicle near the intersection of Van West and Valencia. This writer approached the suspect's vehicle and observed that he was masturbating. When this writer reached the vehicle he observed the suspect with his penis exposed but the suspect was attempting to conceal this.

The suspect then took this writer into Boone Park. During the conversation that ensued, the suspect stated that he would like this writer to perform oral sex on the suspect. The suspect stated that he would like "a blowjob".

The suspect was arrested and transported to the DET.

VEHICLE INFORMATION

I request that my vehicle be legally parked and secured. I understand that my vehicle must be moved within 24 hours and that the Jacksonville Sheriff's Office is not responsible for my vehicle.

10-572

PERSON MAKING AFFIDAVIT

VEHICLE LOCATION:

Sworn to and subscribed before me this

6 day of DEC

89

OWNER/OFFER
SIGNATURE

Belmont

10-6666

APPROVING SUPERVISOR/CERTIFIED LAW ENFORCEMENT OFFICER OR CORRECTIONAL OFFICER

LAB. REMARKS		CHEMICAL TEST DATA				
		SPECIMEN				
		<input type="checkbox"/> BLOOD	<input type="checkbox"/> BREATH	<input type="checkbox"/> URINE	<input type="checkbox"/> UNABLE	<input type="checkbox"/> NONE
		ANALYSIS RESULTS				
		1st	2nd	TIME	REFUSED	
		2nd	3rd	TIME	BLOOD	<input type="checkbox"/>
					URINE	<input type="checkbox"/>
		3rd	4th	TIME	BREATH	<input type="checkbox"/>
		BREATH TEST INSTRUMENT				
		TIME				
		OPERATOR SIGNATURE AND ID				DATE

PLEASE PRINT ONE LETTER IN EACH SPACE. LEAVE SPACE BETWEEN FIRST NAME AND INITIAL. PRESS HARD—YOU ARE MAKING THREE COPIES.

BOY'S NAME—FIRST NAME AND INITIAL

LAST NAME

M I C H A E L A R I V E R A

ADDRESS—STREET OR R.F.D.

[REDACTED ADDRESS]

BOYS' LIFE

DATE OF BIRTH

0 2 2 3 8 7
MONTH DAY YEAR

ADDITIONAL ADDRESS INFORMATION (if needed)

[REDACTED ADDRESS]

GRADE COMPLETED

1

11 2 1 3 3

CITY

STATE

ZIP CODE

J A C K S O N V I L L E F I [REDACTED ZIP]

ADULT APPLICATION

PLEASE PRINT ONE LETTER IN EACH SPACE. LEAVE SPACE BETWEEN FIRST NAME AND INITIAL.

ADULT'S NAME—FIRST NAME AND INITIAL

LAST NAME

A I R E D A R I V E R A

DATE OF BIRTH

0 5 2 5 5 8
MONTH DAY YEAR

ADDRESS—STREET OR R.F.D.

[REDACTED ADDRESS]

ADDITIONAL ADDRESS INFORMATION (if needed)

[REDACTED ADDRESS]

SEX

M

POSITION

G R

CITY

STATE

ZIP CODE

J A C K S O N V I L L E F I [REDACTED ZIP]

AREA CODE

HOME PHONE

PREVIOUS SCOUTING BACKGROUND

COUNCIL

[REDACTED PHONE]

T.C. ORG

OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS

US MAIL

SIGNATURE—SEE BELOW

[Signature]

PARENT OR GUARDIAN APPROVAL

[Signature]

TODAY'S DATE

0 9 0 8 8 3
MONTH DAY YEAR

APPROVAL—TIGER CUB ORGANIZER

[Signature]

A Message to Adults. The Tiger Cubs, BSA, registration fee is \$4 for 1 year or 35 cents per month when prorated. The Tiger Cub renewal date will be the same as the affiliated pack and the fee should be paid for the appropriate number of months. The Family Activity packet is \$3, and provides the necessary activity materials.

Age Requirements. A male youth must have entered the first grade or be 7 years of age. The adult partner must be 18 years of age or older.

Boys' Life. The monthly magazine of the Boy Scouts of America, will help this boy be a better Tiger Cub and stimulate his interest in good reading. Just check the Boys' Life box on this application. A subscription is only \$6.60 a year, half the regular subscription price.

Instructions. After filling out this application, give the fee and the form to the Tiger Cub organizer, who will forward them to your local council service center.

***Personal Signature.** I apply for registration with the Boy Scouts of America and subscribe to its policies and principles and meet the requirements of adult leaders. I agree to be guided by the Charter and Bylaws of the Boy Scouts of America and the local council.

REGISTRATION FEE

\$ 1.00

BOYS' LIFE FEE

\$ [REDACTED]

TERM (MONTHS)

0 9

UNIT RENEWAL DATE

0 5 5 7
MONTH YEAR

FOR COUNCIL USE:
TRANSFER FROM

[REDACTED]

TIGER CUB MEMBER ID NO

105
Previous Unit Number

If applicant has an unexpired membership certificate, registration may be accomplished in this group by checking box, attaching the unexpired certificate, and indicating previous unit number. The certificate will be returned by the council.

COUNCIL

NATL. UNIT NO

ADULT MEMBER ID NO

RUN DATE: 09/07/89
RUN TIME: 12:07:49

NORTH FLORIDA COUNCIL BSA

PAGE 01
SEPTEMBER 1989

TROOP S-0400

R O S T E R

JACKSONVILLE FL

DISTRICT NAME & NUMBER
HUSKOSSEE 03

COUNTY
DUNAL

LOCAL UNIT NO. STATUS
400 R

TERM (MONTHS) RENEWAL DATE
12 9/31/90

CHARTERED ORGANIZATION NAME & ADDRESS

CODE
052

INSTITUTIONAL HEAD NAME, ADDRESS, PHONE
CHATS DEMPSEY

100% BOYS' LIFE 1
TOP LEADER TRAINED 1
QUALITY UNIT 7 1

JACKSONVILLE FL

JACKSONVILLE FL

MEETING PLACE AND DAY SPECIAL INTEREST CODE DESCRIPTION
AFTER LEGION POST MON

BOYS' LIFE: TERM BEGINS ENDS
10 10/10 7/90

RUN DATE: 04/12/80
RUN TIME: 16:20:53

NORTH FLORIDA COUNCIL SSA

PAGE 011
APRIL 1980

GROUP T-3420

R O S T E R

JACKSONVILLE

FL



ADULT MEMBER LISTING

